

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/10/2022
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE RESIDENCE AT DANIA BEACH

**150 STIRLING RD
DANIA BEACH, FL 33004**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced collaborative licensure Spot Check survey was conducted on 10/10/2022 with State Legal representatives, local Police and Fire Rescue representatives, State Department of Health and Department of Children and Families Services representatives at The Residence at Dania Beach. The facility had a deficiency identified at the time of survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable _____ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, _____ or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate	A 152		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/10/2022
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE RESIDENCE AT DANIA BEACH

**150 STIRLING RD
DANIA BEACH, FL 33004**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 152	Continued From page 1 keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to provide a safe, clean, pest free and homelike environment to the residents living in the facility as evidenced by environmental issues observed in 5 of 10 sampled rooms in addition to common areas. The findings included: During a Spot check visit to the facility on 10/10/2022, many environmental concerns that adversely affected the welfare of the residents were identified. There were sightings of live bed bugs noted on the floor of 101, 102, and 103. The residents in the rooms complained that this issue has been ongoing for a long time. It was observed that the laundry room in the locked Memory Care Unit (MCU), was in disarray. The residents' soiled garments, linens, blankets, and bedspreads were not contained in bags. They were piled in heaps on the floor next to the washing machine and dryer despite a posted note on the door of the entrance to the Laundry room that read "Attention Staff, please do not put any	A 152		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/10/2022
NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT DANIA BEACH		STREET ADDRESS, CITY, STATE, ZIP CODE 150 STIRLING RD DANIA BEACH, FL 33004		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 152	Continued From page 2 linens, blankets or soiled clothes on the laundry room floor. Everything should go in a garbage bags". (Photographic evidence obtained.) In an interview that ensued with the Administrator on at 10:05 AM, revealed that the laundry room was . She added that it has been out of service before . The repair, she said, was scheduled for , but when the technician came, he was not able to repair the washer. Consequently, some of the residents' clothes, linens, and blankets have not been washed for more than two weeks. During an interview conducted with Resident #1 on at 10:15 AM, it was reported that the room was infested with bed bugs. Resident #1 claimed that he caught one of the Aides removing clothes to take to the laundry without prior authorization. The resident said that this is how they ended up with bed bugs in their rooms. The clothes are not properly sorted. Clothes of residents who have bed bugs in their rooms are washed together with those of other residents. On at 11:01 AM, Resident #2 informed that his room had a lot of bed bugs. He complained that they have not washed his clothes and sheets for two weeks. Resident #3 also complained that his clothes and linens were not washed for over two weeks. Resident #4 reported that he has been living at the facility for 6 months. The room was observed in total disarray. Soiled clothes were strewn on the floor and the entire room floor was covered with debris. Resident #4 reported when questioned about the condition of his room "I know where everything is."	A 152		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/10/2022
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE RESIDENCE AT DANIA BEACH

**150 STIRLING RD
DANIA BEACH, FL 33004**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 152	Continued From page 3 It was observed that the dining room ceiling had an open area which exposed the insulation system of the ceiling. There was no evidence of water leakage. (Photographic evidence obtained.) In an interview conducted with the facility's Cook on at 11:25 AM, the Cook reported that the light fixture on the ceiling was removed after Hurricane Ian which occurred on However, the light fixture was not yet replaced. During an interview conducted with the Maintenance Director on at 11:30 AM, he informed that the light will be fixed right away. He said that he did not have time to put the light on the ceiling. The findings were discussed with the Administrator during the Exit meeting conducted on Class III	A 152		